

Food and Drug Administration  
Center for Food Safety and Applied Nutrition  
Office of Special Nutritionals

ARMS#

12486



4 - ER URGENT

**000001**

8/06/97

9:57:53

PAGE 1

CALL INFORMATION

Call Number: [REDACTED] Call Type.: [REDACTED] Police  
Entry Day/Tm: 6/09/97 13:58:16 [REDACTED] Police

CmnN: [REDACTED] Agency.....: [REDACTED]  
Location...: [REDACTED]  
City.....: [REDACTED] Block#: [REDACTED] Loc ID: [REDACTED]  
Intersectn.: [REDACTED]

Caller Name: Last: [REDACTED] First: [REDACTED] Mid: [REDACTED]  
Address....: [REDACTED] Apt: [REDACTED]  
City/State: [REDACTED] Phone#: [REDACTED]

Call Taker.: [REDACTED] Dispatcher: [REDACTED]

N A R R A T I V E

in from pvh.. t/1 approx 0630.. comp is employee calling 13:58:17  
for fem pt.. pt was involved in dom this am.. jump out of 13:59:08  
moving veh for her safety.. unk type of inj at this time.. 13:59:08  
cc at pvh e/r.. 13:59:18  
pt name is [REDACTED].. 45yof.. 13:59:45

\*NONE

Unit Status History Information

97/06/09 14:00:25 18 Call Routed CR !

8V19

Unit Status History Information

97/06/09 14:02:59 4 Dispatched D ! [REDACTED]  
97/06/09 14:02:59 11 Assigned as Primary Unit IO !  
97/06/09 14:57:53 6 At Scene AT !  
97/06/09 15:03:01 15 Stop Unit Time Check SP !  
97/06/09 15:48:01 20 Available AV !

D I S P O S I T I O N S

[REDACTED] SF- SHORT FORM INCIDENT REPORT Case# [REDACTED] Unit: [REDACTED]

Attachment #5.1  
E'Ola Products (DEN-3841)  
Saint George, UT 84790  
MEMO, 8/8/97  
James E. Moore II

000002

## ID#

VISIT INFORMATION									
4	5	6	7	8	9	10	11	12	13
DATE	DATE	TIME	SRC	TYPE	SAD				
06-09-97	13:05	07	E						
11	12	13	14	15	16	17	18	19	20
SEX	RACE	BIRTH DATE	AGE	HEIGHT	WEIGHT	SS	MS		
F	W		23				M		
21 NOTIFY IN EMERGENCY									
22 WORK TELE									
23 HOW PATIENT ARRIVED									
SPOUSE-POV									
24 C. COMPLAINT									
POSS MOLT INJ JUMPED OUT TRUCK GOING 30 MPH									
25 PROC CD									
26 PROCEDURE									
27 LIC									
28 TIME									
29 ANES									
30 E.D. PHYSICIAN									
31 E.D. PHYSICIAN									
32 PRIVATE PHYSICIAN									
TIME									
1350									
TEMP									
96									
PULSE									
80									
RESP									
12									
BP									
140/90									
WEIGHT									
Kg									
O2 SAT									
ACUTY									
OD									
OS									
LAST TETANUS									
3 yrs									
SMOKE									
YES									
NO									
PREGNANT									
YES									
NO									
NURSING									
YES									
NO									
ALLERGIES									
PEN ASA-MINASA									
N.N.C.C.									
CURRENT MEDS									
Prenamin Levalex Weight loss drops x 2 Somax pen									
PHYSICIAN'S REPORT									
1413									
Hx PI									
liqui-film - hyped. (diet pill).									
ROS GEN									
NEURO/PSYCH									
CV									
PULM									
GI									
GU									
MUSC/SKEL									
PHx									
SHx									
F. Hx									
Attachment #4.1									
E'Ola Products (DEN-3841)									
Saint George, UT 84790									
MEMO, 8/8/97									
James E. Moore II									
DOCTOR'S SIGNATURE									
neospirin, adaptic, dressing									
Back abrasions									
Adverse Rxn to liqui-film									
DISPOSITION:									
DISCHARGE									
TRANSFER									
ADMITTED TO									
DOCTOR:									
NOTIFIED									
DOCTOR:									
OBS									
IP									
TIME CALLED:									
DISCH. COND.									
TRANSPORTED TO:									
VIA:									
DISCHARGE INSTRUCTIONS									
FOLLOW-UP INSTRUCTIONS									
REPORT TO DR.									
PURPOSE									
RETURN TO EMERGENCY DEPT. IN									
DAYS									
WORK:									
NO DUTY									
DAYS									
LIGHT DUTY									
ESTIMATED RTW DATE:									
LIMITATIONS									
Rx Never take liqui-film again									
You may be sore tomorrow									
Darvocet N-100 1-2 po Q4-6° pm pain									
Rx here abd pain, other symptoms,									
PURPOSE									
ACKNOWLEDGE THAT I HAVE RECEIVED DISCHARGE & FOLLOW-UP INSTRUCTION.									
000003									
TIME OUT									
150									

DATE: 6/9/97 TIME: 1350 EMERG. ☐ URGENT ☒ NON URGENT ☐ CONDITION: 890 ETA: RESCUE # BIRTHDATE: PATIENT'S NAME: AGE: M ☐ F ☐ MVA-RESTRAINED ☐ YES ☐ NO REPORTED TO: DATE: MOTORCYCLE-HELMET ☐ YES ☐ NO REPORTABLE INJURY ☒ YES ☐ NO TIME: 1200 ALLERGIES: MEDICATION: MODE OF ARRIVAL: ☐ AMBULATORY ☐ WHEELCHAIR ☐ CARRIED ☐ EMS ARRIVED WITH: ☐ SELF ☒ SIGNIFICANT OTHER ☐ POLICE ☐ PARENTS TRIAGE/EMS TREATMENTS: N/A VITAL SIGNS: T P R B/P CRAMS GCS ICE RHYTHM LANGUAGE BARRIER IV BACKBOARD C-COLLAR SPLINT DRESSING CPR 02 02 SAT BLD GLUCOSE CAP REFILL COMBATIVE MAJOR COMPLAINT: full out of memory vehicle 30 mph No toe argument of spouse

PAST MEDICAL HISTORY: ☐ NONE ☐ HYPERTENSION ☐ ASTHMA ☐ SEIZURE ☒ GRAINES ☐ STROKE ☐ COPD/EMPHYSEMA ☐ ULCERS ☐ DIABETES ☐ OTHER ☐ HEART DISEASE/MI ☐ HEPATITIS PREGNANT: ☐ N/A ☒ YES ☐ NO FHT: BREASTFEEDING: YES ☐ NO ☐ LAST TETANUS: SMOKE: YES ☐ NO ☒ NEUTROLOGICAL: VENTIL STATUS: ☐ ALERT ☐ ORIENTED X ☐ PLAYFUL ☐ COMBATIVE ☐ PERL CS DC: MUSCULO / SKELETAL: 1 N/A ☐ WNL LOCATION: 1 PAIN ☐ SWELLING 1 DEFORMITY ☐ RINGS OFF 1 PULSES ☐ SKIN BROKEN 1 DISCOLORATION AP REFILL ☐ NORMAL ☐ DELAYED SENSATION INTACT ☐ Y ☐ N DOM ☐ LIMITED ☐ NORMAL ☐ MOVES ALL 4 EXTREMITIES ☐ NECK PAIN ☐ BACK PAIN CARDIOVASCULAR: ☐ N/A ☐ WNL PULSE: ☐ REG ☐ IRREG ☐ CHEST PAIN ☐ RADIATION ☐ NAUSEA ☐ PAIN WITH INSPIR ONSET LOCATION PAIN SCALE /10 RHYTHM DURATION RESPIRATORY: ☐ N/A EFFORT: ☐ NORMAL ☐ DYSPNEA ☐ NASAL FLARING ☐ RETRACTIONS ☐ STRIDOR ☐ GRUNTING ☐ HYPERVENT ☐ COUGH BREATH SOUNDS: ☐ N/A L R ☐ CLEAR ☐ CRACKLES ☐ WHEEZING ☐ DIMINISHED ☐ ABSENT CI / GU / GYN: G/U ☐ N/A ☐ NORMAL GU ☐ FLANK PAIN ☐ DYSURIA ☐ FREQUENCY ☐ HEMATURIA ☐ INDWELLING CATH ☐ UA DIP GYN: ☐ N/A ☐ VAG. BLEED ☐ DIZZINESS ☐ WEAKNESS ☐ VAG. DISCHARGE ☐ LMP GI ABDOMEN ☐ N/A ☐ SOFT ☐ GUARDING ☐ DISTENDED ☐ RIGID ☐ TENDER ☐ NAUSEA ☐ VOMITING ☐ DIARRHEA ☐ BOWEL SOUNDS ☐ LAST BM SKIN: ☐ WARM ☐ COOL ☐ TURGOR ☐ NORMAL ☐ DECREASED ☐ EDEMA ☐ ABSENT ☐ PRESENT LOCATION COLOR: ☐ NORMAL ☐ PALE ☐ CYANOTIC ☐ MOTTLED ☐ JAUNDICE MUCOUS MEMBRANES: ☐ MOIST ☐ DRY OTHER: ☐ N/A ☐ NONE ☐ ABRASION ☐ BURN ☐ LACERATION ☐ PAIN ☐ CONTUSION ☐ REDNESS ☐ ECCHYMOSIS ☐ RASH LOCATION: Finger Lt Lt thumb hand Lt PSYCHOSOCIAL: ☐ N/A EYE CONTACT: ☐ Y ☐ N AFFECT: ☐ NORMAL ☐ FLAT MOTOR BEHAVIOR: ☐ COOPERATIVE ☐ RESTLESS ☐ AGITATED SPEECH: ☐ NORMAL ☐ ABNORMAL IDEATIONS: ☐ N/A ☐ NONE ☐ HARMFUL TO SELF ☐ HARMFUL TO OTHERS SUPPORT SYSTEMS: ☐ LIVES ALONE ☐ FAMILY/SIG OTHER ☐ LANGUAGE BARRIER INTERVENTIONS: CRISIS ECG MONITOR GASTRIC LAVAGE NGT ETT U. CATH RESTRAINTS SIDERAILS OXIMETER EYE IRRIGATION VISUAL ACUITY OD OS CORRECTIVE LENSES LENSES WORN WOUND PREP LOCAL ICE AIR Tourniquet: up down ICE/ELEVATION SPLINT/WRAP PELVIC EXAM DRESSING OTHER

NURSING NARRATIVE: PRIMARY NURSE SIGNATURE: #1 #2 TIME: REMARKS: 20, red-2 - using @ home plan by m.d. police 2 admission case with dressing D/C Return as needed

TIME: IV/MEDICATIONS DOSE/RATE ROUTE SITE SIGNATURE: TIME: IV/MEDICATIONS

DISCHARGE: TIME: ☐ SHEET # ☐ CRUTCH WALKING WITH INSTRUCTIONS CHECKED PER M.D. INSTRUCTIONS /GUARDIAN/PATIENT VERBALIZED UNDERSTANDING OF D/C INSTRUCTIONS ACTION VIA INTERPRETER ☐ DISCHARGE BY PHYSICIAN DISCHARGE NURSE: BELONGINGS: JEWELRY/WATCH GLASSES/CONTACTS DENTURES HEARING AID DISPOSITION: ☐ NOT DISROBED ☐ PATIENT ☐ SECURITY ☐ SAFE ☐ FAMILY SIGNATURE: ADMITTED: TRANSFER: TIME: ROOM # FACULTY REPORT GIVEN TO: 000004

**EMERGENCY DEPARTMENT**

**GENERAL INFORMATION:**

Time: 1413 hours.

**CHIEF COMPLAINT:** Pain.

**HISTORY OF PRESENT ILLNESS:** This is a 45-year-old female who has been taking some Liquifilm diet drops and she states they have been making her real agitated. Then today her husband was driving her to work and she states she got very agitated, mad and jumped out of the car. They were going about 30 at the time. This occurred between nine and ten this morning. She went home, took some Tylenol but was still having pain. She had no LOC. She does have a slight headache now but she denies any ear pain, visual changes, neck pain, extremity weakness, numbness, tingling, abdominal pain, chest pain, difficulty breathing, nausea, vomiting. She is complaining of pain where she has a road rash over the left back over the ASIS area. She also has a bump on her head.

**REVIEW OF SYSTEMS:** All positive and pertinent organ systems have been noted. All other organ systems have been reviewed and are negative or not pertinent. **Allergic-Immunologic: ASPIRIN AND PENICILLIN.**

**PAST MEDICAL HISTORY:** Medications: Premarin, Levulic, weight loss drops for two days, Soma p.r.n. Immunizations: Last tetanus was three years ago.

**SOCIAL HISTORY:** She smokes a pack a day. No alcohol.

**PHYSICAL EXAMINATION:**

**Constitutional-Vital signs:** Reveals a 45-year-old female in no acute distress. Her gait is normal.

**ENT:** She has a small bruise over the back of her upper occipital area. Head is otherwise atraumatic. Extraocular movements are full. Pupils are equally round and reactive. Discs are sharp. Cranial nerves II-XII are intact. Cerebellum normal gait, finger-to-chin. DTRs are 2+ and symmetrical in the upper and lower extremities. Ears have no hemotympanum. Tongue protrudes midline. Neck has no direct bony tenderness to the cervical, thoracic or lumbar area.

**Gastrointestinal:** Obese, soft, nontender. No masses or guarding.

**Respiratory:** Lungs are clear.

**Cardiovascular:** Regular without murmurs.

Attachment #4.3  
E'Ola Products (DEN-3841)  
Saint George, UT 84790  
MEMO, 8/8/97  
James E. Moore II

Page 1

Patient: [REDACTED]  
Billing #: [REDACTED]  
DOB: [REDACTED]  
Age: 45  
Sex: F

Physician: [REDACTED] M.D.

Visit Date: 06/09/97

000005

**EMERGENCY DEPARTMENT**

**Back:** Over the left lower back she has a large area of abrasion. None of this appears to be secondarily infected.

**EMERGENCY DEPARTMENT COURSE:**

UA here was dip negative. Neosporin adaptic dressing was placed.

**IMPRESSION:**

1. Back abrasion.
2. Adverse reaction to Liquifilm.

**DISPOSITION:**

She should never take Liquifilm again. I told her she might be increased sore tomorrow. She should follow up with Dr. [REDACTED] in five to seven days for recheck if still in a lot of pain. Return here if any abdominal pain, other symptoms, arm or leg numbness.

**Medications:** Darvocet-N 100, number 20, one to two p.o. q.4-6h. p.r.n. pain. She should keep the abrasions clean.

I AUTHORIZE MY NAME TO BE AUTOMATICALLY AFFIXED TO  
THIS REPORT AS SIGNIFYING THAT I DICTATED THIS  
REPORT

[REDACTED] M.D.

D: 06/09/97 T: 06/09/97 21:48 [REDACTED]

Attachment #4.4  
E'Ola Products (DEN-3841)  
Saint George, UT 84790  
MEMO, 8/8/97  
James E. Moore II

Page 2

Patient: [REDACTED]  
Billing #: [REDACTED]  
DOB: [REDACTED]  
Age: 45  
Sex: F

Physician: [REDACTED] M.D.

Visit Date: 06/09/97

000006

# MEDICAL QUESTIONS

Patient Name: [REDACTED]

A CURRENT MEDICAL HISTORY IS REQUIRED  
TO BE PART OF YOUR EMERGENCY RECORD

Check any of the following symptoms you have had **RECENTLY** (over the last 5 days)

- |     |   |   |   |
|-----|---|---|---|
| D1  | <input checked="" type="checkbox"/> fever                     | <input type="checkbox"/> chills                       |   |
| D2  | <input type="checkbox"/> rash                                 | <input type="checkbox"/> itching                      | <input checked="" type="checkbox"/> sweats      |
| D3  | <input checked="" type="checkbox"/> headache (new or strange) |   | <input type="checkbox"/> passing out            |
| D4  | <input type="checkbox"/> suicidal thoughts                    | <input type="checkbox"/> hallucinations               |   |
| D5  | <input type="checkbox"/> drainage from the eyes               |   | <input type="checkbox"/> recent vision changes  |
| D6  | <input type="checkbox"/> ear pain                             | <input type="checkbox"/> nasal congestion or bleeding | <input type="checkbox"/> sore throat            |
| D7  | <input checked="" type="checkbox"/> cough                     | <input type="checkbox"/> wheezes                      | <input type="checkbox"/> difficulty breathing   |
| D8  | <input type="checkbox"/> chest pain                           |   |   |
| D9  | <input checked="" type="checkbox"/> nausea                    | <input type="checkbox"/> vomiting                     | <input type="checkbox"/> diarrhea               |
| D10 | <input type="checkbox"/> pain when urinating                  |   | <input type="checkbox"/> frequency of urination |
| D11 | <input checked="" type="checkbox"/> neck pain                 | <input type="checkbox"/> back pain                    | <input type="checkbox"/> arm pain               |
| D12 | <input type="checkbox"/> heat or cold intolerance             |   | <input type="checkbox"/> excessive thirst       |
| D13 | <input type="checkbox"/> bleed excessively                    | <input type="checkbox"/> bruise easily                | <input type="checkbox"/> swollen glands         |
| D14 |   |   |   |

D12 List any ALLERGIES you have penicillin - H. spores

E1 List any MEDICATIONS you take penicillin

E2 Year of your LAST TETANUS shot: 8/15

E3 Do YOU have any of the following medical problems? (Please check)

- |  |                                   |   |  |                                |
|--|-----------------------------------|---|--|--------------------------------|
| <input checked="" type="checkbox"/> NONE | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma or lung | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Stroke          | <input type="checkbox"/> Cancer   | <input type="checkbox"/> Arthritis      | <input type="checkbox"/> Other               |                                |

E4 Check SURGERIES you've had: ☒ NONE ☐ Appendix ☐ Tonsils ☐ Hernia ☐ Gallbladder  
☒ Hysterectomy ☐ Tubes tied ☐ Hip ☐ Other

E5 Last menstrual period: 12/11 Number of children: 1 Number of pregnancies: 1

E6 Do any of the following medical problems run in your FAMILY?

- |  |                                   |   |  |
|--|-----------------------------------|---|--|
| <input checked="" type="checkbox"/> NONE | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma or lung | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Stroke          | <input type="checkbox"/> Cancer   | <input type="checkbox"/> Arthritis      |  |

G1 Do you smoke?

☒ Yes ☐ No Previous day

Do you drink alcohol?

☐ Yes ☒ No Once a week

Have you had a drug problem?

☐ Yes ☒ No

Comments:

Vertical text on right margin:  
T. O. Products, (D) N. 5511  
Saint George, T. 81, 90  
N. 110, 8, 8, 97  
James E. Moore II

for [REDACTED] Monday, June 9, 1997, 3:04 pm  
Birthdate: [REDACTED]

[REDACTED]  
06/09/97

Diagnosis: ABRASIONS AND CONTUSIONS  
3:04 pm

WORK STATUS:

Unable to return to work until specified time.

MODIFIED WORK AS FOLLOWS:

Return to work on 2 DAYS

SPECIAL INSTRUCTIONS:

None

Referred to:

Physician: [REDACTED]

Signed: \_\_\_\_\_

PATIENTS BEING TREATED FOR INDUSTRIAL INJURIES SHOULD  
FOLLOW-UP WITH [REDACTED]

[REDACTED] PHONE  
[REDACTED]

[REDACTED] Page 1, last page.

Attachment #4.9  
E'Ola Products (DEN-3841)  
Saint George, UT 84790  
MEMO, 8/8/97  
James E. Moore II

000008